



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Immunisations and Vaccinations

Birmingham Health Overview and Scrutiny Committee

18th April 2023

Delivering a safe and effective service

The Immunisation and Vaccination Landscape

Purpose

Following the receipt by HOSC on 22nd February 2023 of a joint strategic, co-authored ICB and Public Health teams overview paper provide a detailed briefing on the ICB provision and uptake of immunisations and vaccinations in Birmingham

Key Challenges

To highlight some of the key challenges that the system faces with increasing all immunisation and vaccination uptake and the opportunities for us to work collectively to address the health prevention agenda and the health protection deficit. A summary of what we are doing about the challenges

The ICB paper complements the Public Health paper seeking assurance and highlighting their contribution to these plans.

Roles and Responsibilities

Immunisation and vaccination services continue to be commissioned by NHS England. The primary responsibility for uptake improvement in the different immunisation programmes sits with NHS England's local screening and immunisation teams (SITs). NHSE are moving towards a delegation of their Section 7a responsibilities for a range of services. Immunisations and Vaccinations is not likely to be until 2025 or beyond.

BSol Integrated Care Board (ICB) has a system lead role in immunisation having an appointed Senior Responsible Officer (SRO). The service reports to the Chief Officer for Partnerships and Integration. For COVID the ICB has a memorandum of understanding with NHSE to assure delivery. Child and adolescent services vaccination services are directly contracted with NHSE and ICB oversight is not formally contracted.

NHSE providers have contracts directly with NHSE : In brief the following providers deliver to the all age immunisations agenda:

- Primary Care providers for those aged 0-5 years complemented by BCG provision through Birmingham Community Health Care NHS Trust and core provision of all age COVID and flu vaccinations , shingles and pneumococcal, including travel vaccinations
- Primary Care community pharmacies-for the provision of COVID and flu and other vaccines eg Shingles and Pneumococcal, including travel vaccinations
- Birmingham Community NHS Trust – BCG provision and Vaccinations for School Aged Children including the provision of outbreak responses e.g. recently for Hepatitis A
- Ante natal and Midwifery services – Flu COVID, pertussis
- University Hospitals Birmingham - System Vaccination Operations Centre Team – providing peripatetic, targeted mobile vaccinations for the public and NHS/Social Care frontline staff offer for COVID and Flu
- UHB - Allergy clinics providing support for those immune compromised for specific vaccine needs.
- UHB and BCHC provide an agile peripatetic response team for emerging risks eg Monkey Pox provision.

Governance

- Monthly all-age, all partner Immunisations and Vaccinations programme board with clinical input, with bi monthly Adults and Child and Adolescent Imms and Vaccs.
- Dedicated working groups on all aspects of the national immunisation programme. Partners are drawn from across the Integrated Care System (ICS) to contribute to these developments and strategic plans for these programmes are agreed at the board.
- ICB links into Birmingham's Health Protection Forum and Health and Well Being Board to assure the Director of Public Health that the plans we develop will protect the health of the local population.
- All providers complete a clinical assurance process before being approved to deliver vaccinations against national protocols and PDGs, which are routinely updated with every change in vaccine.
- Reports to an ICB Clinical Assurance and Quality Group monthly chaired by the CMO
- NHSE oversight meetings fortnightly on delivery for COVID and flu in autumn and winter

Resources and Funding

- COVID and flu funding is now transitioning to a business as usual approach. A standard Item of Service fee of **£10.06 per vaccination** is now applied for all routine, all age vaccinations and immunisations to cover all costs.
- GP practices are required to provide vaccinations and immunisations to all eligible patients or target groups. Pharmacies and other providers apply to become an accredited service provider with an NHSE contract. For COVID, PCN groupings co-ordinate and deliver the vaccinations through an identified lead practice on behalf of the grouping. Providers commissioned to deliver any of the routine vaccinations also receive the same item of service payment for each person vaccinated.
- A limited programme budget is allocated to support COVID delivery across the system. Savings and efficiencies have been made since March 2022 to support our most important outreach and community based offers.
- No flexible funding exists to support either our all age immunisations and vaccinations system oversight team or the providers beyond their item of service payments directly through their contracts with NHSE. The exception is the incentive payment to providers to reach Care Home residents in small and medium homes in the first two thirds of the phase (larger homes attract no premium) Those who are housebound also attract a payment premium.
- The development work that the system partners and its staff are supporting for all other immunisations and vaccinations are as an adjunct to their day job.

Access to Data and Intelligence

Access to data and intelligence

- Performance packs for COVID and flu updates go through the I&V Board to members and partners. The use of Foundry as an information data capture tool enhanced the real time information on vaccination status for COVID and can illustrate information across a significant range of indicators.
- Data for shingles or pneumococcal vaccinations is recorded in primary care – in practices through GP systems or in Community pharmacies often through Pharmoutcomes. Ensuring all this data reaches the patient record in a timely way is critical.

Child and Adolescent Data

- Currently, BSol ICS does not have access to locally produced data for scheduled child vaccinations. The Cover of Vaccination Evaluated Rapidly programme (**COVER**) programme evaluates childhood immunisation in England, collating data for children aged 12 months, 24 months, and 5 years. with a lag of between 4 and 6 months.
- The Child Health Immunisations System (CHIS) system is an NHS-commissioned service that collates data from healthcare professionals for children aged 0-19 in a specified area, into a single child health record. The current CHIS system is being reprocured by NHSE and may be available from April 2024
- CHIS ensures that children receive appointments at the correct age for NHS immunisation and screening programmes, working with all providers to monitor and improve uptake of national childhood screening and immunisation programmes. CHIS notifies health visitors of all new births and of children who have moved into their area and ensures all babies have received their newborn screening. CHIS ensures children between 0-5 years receive appointments at the correct age for NHS routine childhood immunisations and monitors that school-aged children have had the immunisations they are due. The data recorded is gathered from a range of sources including midwives, health visitors, school nurses, and GPs.
- There is a need for more granular and timely data. In response to these needs the immunisations and vaccinations programme team is working with the BSol ICB digital team to establish a local data set that can fulfil our oversight needs on performance /uptake. We have piloted a local data extraction solution for patient level data extraction and is being finalised for local access.
- Low rates of childhood immunisations will affect primary care QOF achievements and payments and create additional pressure on practices serving communities where health inequalities are high and immunisation and vaccination uptake is lower. This leads to further under-resourcing to historically underserved communities as the funding gap widens.

The BSol Queue Project has approached practices with the largest queues for immunisations since September 2021 and it identified four main factors impacting on immunisation and vaccination queues and local vaccination rates. Updated NSE guidance will improve recording and uptake for the system.

- **Data cleansing** with engaged practices has frequently shown many children in the queue have in fact been vaccinated, however there may not be a read-code in their record, with a free text entry instead. The project afforded records to be corrected through appropriate read coding and thereby demonstrate the accurate uptake position.
- **Clinic slots** available for many practices are not sufficient to reduce the queue; this may be due to increasing numbers of child registrants at the practice or lack of recognition of the same.
- **Practices adding their own appointments outside the CHIS process** does not reduce the queue.
- **Parental factors**, including community-influenced attitudes to vaccination, as we have seen during the autumn and winter phase of the COVID and flu campaigns

Children and Adolescents

- Nationally and regionally the overall uptake for all age immunisations and vaccinations has seen a steady decline since 2013, with further impact of the COVID pandemic affecting childhood immunisation access, which is highlighted in the performance section.
- In the last 12 months BSol defies the national and regional trends with a sharp incline in performance. Whilst this does not return the system to the desired 95% herd immunity figure that we would aspire to it shows an encouraging improvement.
- The ability to manage vaccination performance and uptake effectively requires accurate and timely data. With the improvements to the nationally procured CHIS system and the ability to extract local data effectively from GP systems emerging we are confident of being able to improve our local reporting mechanism across the system in the near future enabling transparent and collectively agreed actions.
- We are now focusing a delivery group on 0-5 years uptake to ensure that the initial vaccination programme that children are offered is convenient for parents and close to home, accommodates catch up of missed vaccinations and that no child starts school without being fully immunised. Working with our Public Health, Education, Health Visitor and other NHS colleagues we will ensure that information is made consistently available to parents, on the importance of early immunisation.
- We are aiming to ensure that in all 0-5 year care settings there are opportunities to discuss fears and questions in advance and without judgement about this important health protection offer.

Adults

- COVID data still has gaps in data visibility. eg, identifying NHS staff who are flu or COVID vaccinated outside their own organisation relies on self declaration. Primary care staff and frontline staff in Local Authorities do not have the same data recording mechanisms as NHS Trusts and their uptake is not visible unless staff disclose their working status at a provider site.
- Through autumn and winter 2022, all systems experienced a significant behaviour change to COVID and flu vaccinations, where uptake for both avoidable illnesses resulted in around a **20%** reduction from 2021 mirrored nationally and regionally. BSol achieved a **49%** uptake for COVID and **42.3%** on average for flu. The expected and system target levels were **68%**.

Responding to Emerging Issues

- We have worked in partnership with BCC, Umbrella and Birmingham LGBGT to deliver a comprehensive programme of Monkey Pox first and second doses since August 2022
- BCHC have responded to two school outbreaks in the last 3 months involving Hepatitis A where children and staff were vaccinated at pace.
- We have supported UHB with a significant catch up programme on BCG unvaccinated babies
- We are keeping a watching brief on Avian flu.

Improving Equity

- In 12 months we have worked well as a system to focus on wards and communities where there are high levels of inequalities and a lower uptake of vaccinations. Particular attention has been to specific ethnic groups and those in the **IMD deciles 1-3** for all immunisations and vaccinations (**See Performance Pack slide 4**)
- We are working with the **Health Inequalities Board** and the **BLACHIR project** and maintain regular and close contact with our public health colleagues through the **Health Protection Board** to increase our at scale impact in year for those communities across all ages (**See performance pack**)

Children and Adolescents

- The age profiles that we need to significantly improve uptake within is for those who have not had a full course of routine childhood immunisations and in particular a focus on **MMR**
- Those who are at risk and not at risk between the **ages of 12 and 15 years**, and similarly for those **at risk 5-11**.
- Although we have seen recent improvement for covid and flu for these ages the increases are small.
- Particular focus through Spring will be on children in who have received bone marrow transplants where although numbers will be small, they need to receive another full programme of immunisations.

Adults

- The COVID evergreen offer and our health and well being engagement approach with vulnerable groups and low uptake communities shows improvements across Bangladeshi and Pakistani, African and Caribbean cultures but much remains to be achieved. The return of the West Birmingham locality /GP practices into the ICB on 1st July worsened our system position in terms of local uptake. The team have worked hard to address local needs with alternative engagement offers across specific wards. The Evergreen uptake shows significant improvement over the autumn winter 2022 campaign overall and our comparison with our nearest neighbour, the Black Country illustrates a reasonable re-alignment in performance, although there remains work to do.
- Work in Perry Barr and Ladywood have enabled us not only to succeed with vaccination offer but also make direct referrals for more urgent care needs and complete some direct nursing interventions on a range of sites for vulnerable people. This approach enables work with all ages and advice and guidance through our trained Health Visitor has supported mothers with questions and concerns about the health and well being of their children with active referral for catch up vaccinations. We aim to work consistently in communities and return visits to low uptake locations are already planned in for spring and summer. Local Councillors are supporting these visits and are routinely contacted as part of our plans,
- Particular emphasis in the autumn winter 2022 programme has been on those who are **homeless**, those with a **serious mental illness**, or who have a **learning disability**, those who are **carers** for a vulnerable person and those who are suffering from a **drug and or alcohol addiction**.

What would support our campaign efforts for increasing uptake?

- To continue the ongoing shared commitment to promote and embed the benefits of immunisations and vaccinations for all ages across Council services and partnerships against a commonly agreed and consistent set of system messages
- Continued elected member support when we do community based vaccination offers as vocal advocates of the all age programme. We have agreed to provide PCN level Child and Adolescent uptake data to the Health Protection Board, although there will be a 4-6 month lag in reporting.
- Agree how we collectively target communities, with bespoke approaches especially ones with that lack vaccine confidence
- Use of media, local platforms, community links, to promote vaccination and/or dispel myths.
- Support an overall Council commitment challenge / scrutiny to encourage uptake in our 470,000 people who are unvaccinated eg for COVID and our 225k children living in poverty who will need the best start in life – immunisations being a key health protection issue that can support them be well.